

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7	1					
8						
9						
10	1					
11						
12						
13						
14						
15						
16						
17						
18						
19	1					
20						
21						
22	1					
23						
24						
25						
26						
27						
28	1					
29						
30						
31						
32	1					
33						
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35						
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47						
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49						
50						
TOTAL IND.	8		↓		↓	
TOTAL DEP.	24	↔	↔	↔	↔	↔
TOTAL CLAIMS	32					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY